

NOV 15 1937

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

35844

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis, Mo. (No.)

City Sanitarium

File No.

Registered No. 9421

St. Ward)

2. FULL NAME

John L. Miller,

(a) Residence, No. City Infirmary

(Usual place of abode)

St. 13 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 27 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

Danie Wills Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Aug. 28, 1871

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

66

1

8

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Cashier

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Cashier

10. Date deceased last worked at
this occupation (month and
year) About 193311. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Cape Girardeau, Mo.

13. NAME

Louis Miller

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Germany

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Germany

17. INFORMANT
(ADDRESS)Dr. A. G. Cook
3300 Arsenal

18. BURIAL, CREMATION, OR REMOVAL

PLACE Cape Girardeau DATE Oct. 8 1937

19. UNDERTAKER
(ADDRESS)Cracraft-Miller-Allen
Jackson, Mo.

20. FILED

OCT 9 1937

19

J. Bredenk
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-6-1937 19

22. I HEREBY CERTIFY, That I attended deceased from
9-22-37, 19, to 10-6-37, 19.I last saw him alive on 10-6-37, 19. Death is said
to have occurred on the date stated above, at 2:10 P.M.

The principal cause of death and related causes of importance were as follows:

Senility

9-22-37x

Date of onset

Other contributory causes of importance:

Chronic Myocarditis 9-23-37x

Name of operation..... Date of.....

What test confirmed diagnosis?

Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Arnold A. Cook, M. D.

(Address)

5300 Arsenal

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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